CASE REPORTS

Myiasis of the Foot Caused by Phaenicia Sericata (Meigen)

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THIS PAPER DESCRIBES a case of localized myiasis in a human, a condition caused by the invasion of the body by fly larvae. The several clinical types vary with the site of the infestation and the species of fly, the commonest in the United States being *Cochliomyia homnivorax, Sarcophage* species, and *Wohlfartia vigil.* Wound myiasis is rare,[9] and myiasis caused by the greenbottle fly, *Phaenicia sericata* (Meigen), the infecting agent in this case, is also infrequent.[2-3,6-9] Only five cases in humans have been reported from North America in the past 20 years, but myiasis caused by this fly is common in animals. It is believed to occur occasionally (unreported) in man in the Sacramento area.[5]

The gravid female usually lays an egg mass on or near odorous sores or the soiled wool of animals. Sometimes several females deposit their eggs, numbering thousands, as an aggregate mass. The common breeding medium is carrion, but garbage and manure are occasional alternatives. The larval feeding period varies from one and a half to nine and a half days. Mature larvae leave the lesion where they are feeding for pupation, which usually takes place on soil. Pupation may be postponed several months under unfavorable conditions, and hibernation usually takes place in the larval stage. When breeding is continuous, eight generations may develop in a year. Young larvae feed at the surface of a lesion, older larvae bore deeply into healthy tissue and may produce serious wound myiasis. Nevertheless, *P. sericata* was formerly the most common fly species used in larval form for wound therapy.[4]

Report of a Case

A 68-year-old white man with previous history of arteriosclerosis obliterans of the left superficial femoral artery was readmitted to the University of California Medical Center in June 1965. On examination of his left foot extensive necrosis of the first, third and fourth toes was noted (Figure 1). Between the toes were several deep, odorless, aseptic ulcers in which many active fly larvae were readily seen (Figure 2). On removal of the maggots, tendons of the foot were visible. The author removed seven of the maggots, which were reared on ground beef to the adult stage for specific identification. The adults were sent to Mr. Benjamin Keh, Bureau of Vector Control, California State

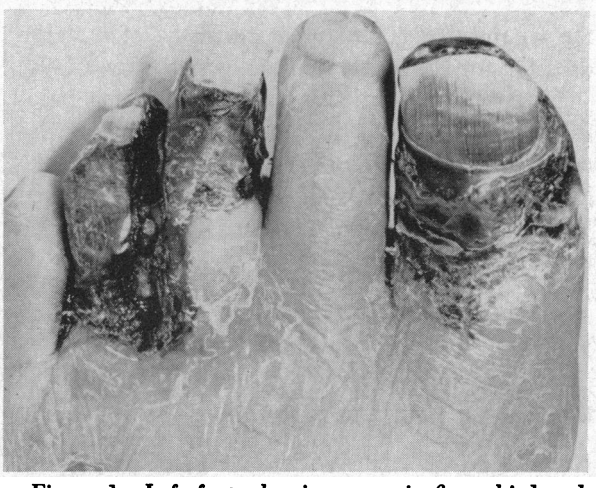

Figure 1.—Left foot, showing necrotic first, third and fourth toes. Larvae of Phaenicia sericata are visible between the third and fourth toes.

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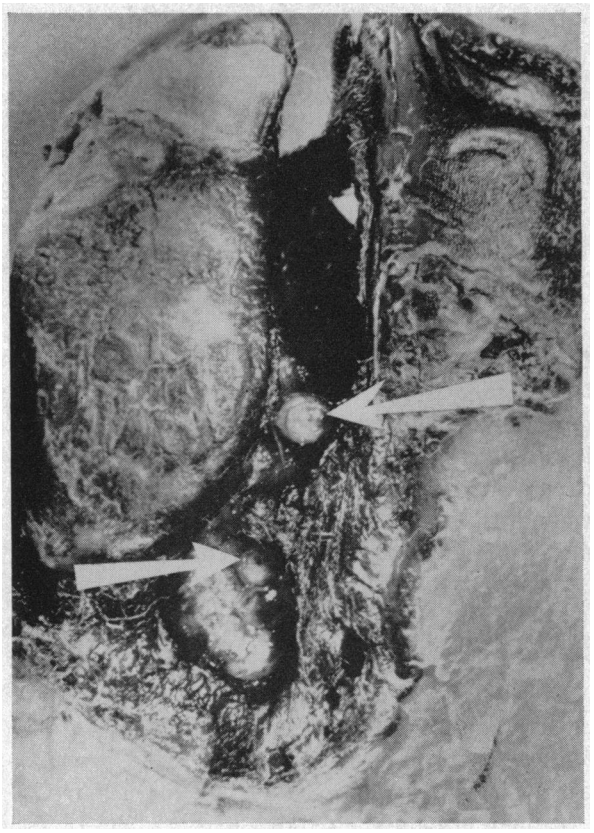

Figure 2.—Enlargement showing several larvae in the ulcer between the third and fourth toes. Spiracular plates on the posterior ends of two larvae are readily visible (arrows).

Department of Public Health, Berkeley, who identified them as *Phaenicia sericata* (Meigen). The larvae remaining in the ulcer were killed with a chloroform-soaked wad of sterile absorbent cotton applied to the surface. (Irrigation with a solution of chloroform and milk has also been recommended.[1]) A total of 63 larvae were removed from the wound. Local treatment consisted of a sterile dressing for the lesion and analgesics given orally.

Evidently the patient's habit of lounging barefoot on the porch of his sister's rural home in Sonoma County exposed him to the flies, and the gangrenous condition of his left foot attracted gravid females, which oviposited on the necrotic tissues.

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Renal Carcinoma as an Accidental Finding on Needle Biopsy

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IT IS COMMON medical knowledge that carcinoma of the kidney is frequently an insidious and silent condition. Hematuria occurs as the first or one of the first complaints in only 60 per cent of cases, a mass in 40 per cent, pain in 50 per cent and the classic triad of a mass, pain and hematuria in only 15 per cent of patients.[9] Even pyelographic changes secondary to kidney tumors of moderate size are not always reliable, and findings in the urine of abnormal sediment or enzymes are usually manifestations of locally extensive malignant disease. The case here reported is unique in that a minute renal cell tumor was found accidentally on needle biopsy.

Report of a Case

A 29-year-old Caucasian lawyer was found to have microscopic hematuria on a routine physical examination in 1962. An intravenous urogram at that time was interpreted as normal. There was

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